

# ELITE FEET SOCCER SCHOOL REGISTRATION

## STUDENT INFORMATION:

STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

1. PARENT/GUARDIAN NAME (Print) \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address (Print): \_\_\_\_\_ Relationship \_\_\_\_\_

2. PARENT/GUARDIAN NAME (Print) \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address (Print): \_\_\_\_\_ Relationship \_\_\_\_\_

3. PARENT/GUARDIAN NAME (Print) \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address (Print): \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby register my son/daughter in the Elite Feet Soccer School. I know of no mental or physical problems which may affect his/her ability to safely participate in this training session/camp. I authorize the Elite Feet Soccer School staff to attend to any health problem(s) that may incur during training session/camp hours. I hereby release and hold harmless Elite Feet Soccer School, its staff and associates from any and all liability that may arise out of my son's/daughter's participation in this training session/camp. I also acknowledge that I am solely responsible for any and all medical expenses due to my son's/daughter's illness and/or injury.

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(Signature of parent or legal guardian)

(date)